

## EXHIBIT 3B

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May 10, 2007

Brain Rekofke  
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1100 US Bank Bldg  
Spokane, WA 99201

Re: Thomas Waite

Dear Mr. Rekofke,

Pursuant to your request, I am submitting this short letter in addition to an affidavit prepared and sent to you last week. This is to address the additional data that I have received since my 4/13/07 deposition. In addition to what is noted in my report, I have reviewed Dr. Burkhart's raw data, deposition, and report. A deposition of Tony Choppa and records from Dr. Shaw were also reviewed.

My opinions as stated in my Confidential Neuropsychological Evaluation (3/5/07) regarding Mr. Waite's injury and sequelae remain essentially the same. It is obviously difficult to anticipate what possible questions I may be asked in cross examination. However, all of the opinions stated in my deposition remain. With regard to Dr. Burkhart's "summary of findings, impressions, and conclusions" stated in his 11/15/06 report, I will address these as they are numerically listed in that document:

1. His diagnosis of "very severe Traumatic Brain Injury" does not change my opinions regarding prognosis. I do not use "very" as a qualifier as that is not part of the research literature lexicon nor does it provide any utility with regard to treatment or prognosis.
2. His report is essentially consistent with my records reviewed although at the time that I saw Mr. Waite, there was no significant evidence of depressive symptomatology nor did he say he was depressed or suicidal.
3. As previously noted, I disagree with some of his conclusions about test interpretation (see my report).
4. As previously noted, I disagree with a diagnosis of Depression although did observe some levels of anxiety which in my opinion are not injury-related.

5. It is difficult to give an accurate prognosis regarding future functioning as much of this is dependent upon non-injury related factors such as social support, choice of occupation, and educational goals.
6. As noted by Dr. Burkhart, it is likely he does have an arithmetic learning disability. Although there is radiographic evidence of frontal lobe injury, I do not see significant evidence of executive dysfunction (see my report).
7. As Dr. Burkhart stated, Mr. Waite would require significant psychotherapeutic intervention initially and over his lifespan. This is extremely difficult to predict and since he currently denies depression, antidepressant medication and twice per week psychotherapeutic contact for the next 18 months seems excessive. He may benefit from some therapy, however, with a focus on educational and occupational adjustment.
8. These prognostic statements are also difficult to justify and neuropsychological testing certainly suggests someone more functional than an individual who would be unable to be competitively employed.

Please feel free to contact me should you have any questions regarding the above.

Respectfully submitted,

FWISE Ph.D. -MM-

Fredrick Wise, Ph.D.

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